

INDIVIDUAL RETURN DUE APRIL 30, 2016

Taxpayer's SSN	Taxpayer's first name Initial Last name	RESIDENCE STATUS <input type="checkbox"/> Resident <input type="checkbox"/> Nonresident <input type="checkbox"/> Part-year resident
Spouse's SSN	If joint return spouse's first name Initial Last name	Part-year resident - dates of residency (mm/dd/yyyy) From <input style="width:100%;" type="text"/> To <input style="width:100%;" type="text"/>
Mark (X) box if deceased <input type="checkbox"/> Taxpayer <input type="checkbox"/> Spouse	Present home address (Number and street) Apt. no. <input style="width:100%;" type="text"/>	FILING STATUS <input type="checkbox"/> Single <input type="checkbox"/> Married filing jointly <input type="checkbox"/> Married filing separately. Enter spouse's SSN in Spouse's SSN box and Spouse's full name here. Spouse's full name if married filing separately <input style="width:100%;" type="text"/>
Enter date of death on page 2, right side of the signature area	Address line 2 (P.O. Box address for mailing use only) <input style="width:100%;" type="text"/>	
Mark box (X) below if form attached <input type="checkbox"/> Federal Form 1310	City, town or post office State Zip code <input style="width:100%;" type="text"/>	
<input type="checkbox"/> Supporting Notes and Statements (Attachment 22)	Foreign country name Foreign province/county Foreign postal code <input style="width:100%;" type="text"/>	

	ROUND ALL FIGURES TO NEAREST DOLLAR INCOME (Drop amounts under \$0.50 and increase amounts from \$.50 to \$0.99 to next dollar)	Column A Federal Return Data	Column B Exclusions/Adjustments	Column C Taxable Income	
ATTACH COPY OF PAGE 1 OF FEDERAL RETURN	1. Wages, salaries, tips, etc. (W-2 forms must be attached)	1	.00	.00	
	2. Taxable interest	2	.00	.00	
	3. Ordinary dividends	3	.00	.00	
	4. Taxable refunds, credits or offsets of state and local income taxes	4	.00	.00	
	5. Alimony received	5	.00	.00	
	6. Business income or (loss) (Attach copy of federal Schedule C)	6	.00	.00	
	7. Capital gain or (loss) (Attach copy of fed. Sch. D) 7a. <input type="checkbox"/> Mark if federal Sch. D not required	7	.00	.00	
	8. Other gains or (losses) (Attach copy of federal Form 4797)	8	.00	.00	
	9. Taxable IRA distributions (Attach copy of Form(s) 1099-R)	9	.00	.00	
	10. Taxable pensions and annuities (Attach copy of Form(s) 1099-R)	10	.00	.00	
ATTACH W-2 FORMS HERE	11. Rental real estate, royalties, partnerships, S corporations, trusts, etc. (Attach copy of federal Schedule E)	11	.00	.00	
	12. Subchapter S corporation distributions (Attach federal Sch. K-1)	12	NOT APPLICABLE	.00	
	13. Farm income or (loss) (Attach copy of federal Schedule F)	13	.00	.00	
	14. Unemployment compensation	14	.00	.00	
	15. Social security benefits	15	.00	.00	
	16. Other income (Attach statement listing type and amount)	16	.00	.00	
	17. Total additions (Add lines 2 through 16)	17	.00	.00	
	18. Total income (Add lines 1 through 16)	18	.00	.00	
	19. Total deductions (Subtractions) (Total from page 2, Deductions schedule, line 7)	19		.00	
	20. Total income after deductions (Subtract line 19 from line 18)	20		.00	
ENCLOSE CHECK OR MONEY ORDER	21. Exemptions (Enter the total exemptions, from Form L-1040, page 2, box 1h, in line 21a and multiply this number by \$600 and enter on line 21b)	21a <input style="width:50px;" type="text"/>	21b	.00	
	22. Total income subject to tax (Subtract line 21b from line 20)	22		.00	
	23. Tax at (tax rate) (Multiply line 22 by Lansing resident tax rate of 1.0% (0.01) or nonresident tax rate of 0.5% (0.005) and enter tax on line 23b, or if using Schedule TC to compute tax, check box 23a and enter tax from Schedule TC, line 23d)	23a <input type="checkbox"/>	23b	.00	
	24. Payments and credits 24a <input style="width:50px;" type="text"/> .00	Lansing tax withheld 24b <input style="width:50px;" type="text"/> .00	Other tax payments (est, extension, or fwd, partnership & tax option corp) 24c <input style="width:50px;" type="text"/> .00	Credit for tax paid to another city 24d <input style="width:50px;" type="text"/> .00	.00
	25. Interest and penalty for: failure to make estimated tax payments; underpayment of estimated tax; or late payment of tax 25a <input style="width:50px;" type="text"/> .00	Interest 25b <input style="width:50px;" type="text"/> .00	Penalty 25c <input style="width:50px;" type="text"/> .00	Total interest & penalty 25d <input style="width:50px;" type="text"/> .00	.00
	26. MAKE CHECK OR MONEY ORDER PAYABLE TO: CITY OF LANSING IF PAID ON LINE CREDITCARD/ELECTRONIC CHECK ENTER CONF # <input style="width:100px;" type="text"/>	26		.00	
	27. Tax overpayment (Subtract lines 23b and 25c from line 24d; choose overpayment options on lines 28 - 30)	27		.00	
	28. Amount of overpayment donated 28a <input style="width:50px;" type="text"/> .00	Police Problem Solving 28b <input style="width:50px;" type="text"/>	Hope Scholarship 28c <input style="width:50px;" type="text"/>	Homeless Assistance 28d <input style="width:50px;" type="text"/>	.00
	29. Amount of overpayment credited forward to 2015	29	Amount of credit to 2015 >>	.00	
	30. Amount of overpayment refunded (Line 27 less lines 28d and 29) (For refund to be directly deposited to your bank account, mark refund box, line 31a, and complete line 31 c, d & e)	30	Refund amount >>	.00	
ENCLOSE CHECK OR MONEY ORDER	31. Direct deposit refund (Mark (X) box 31a and complete lines 31c, 31d and 31e)	31a <input type="checkbox"/>	Refund (direct deposit) 31c <input type="checkbox"/>	Routing number <input style="width:100px;" type="text"/>	
		31b <input type="checkbox"/>	Pay Tax Due (direct withdrawal) 31d <input type="checkbox"/>	Account number <input style="width:100px;" type="text"/>	
31e Account Type: <input type="checkbox"/> 31e1. Checking <input type="checkbox"/> 31e2. Savings					

MAIL REFUND AND CREDIT FORWARD RETURNS TO: LANSING INCOME TAX DIVISION, PO BOX 40750, LANSING, MI 48901

Revised: 07/30/2015

MAIL TAX DUE AND NO REFUND NO TAX DUE RETURNS TO: LANSING INCOME TAX DIVISION, PO BOX 40752, LANSING, MI 48901

L-1040, PAGE 2		Taxpayer's name			Taxpayer's SSN		15MI-LNS2				
EXEMPTIONS SCHEDULE		Date of birth (mm/dd/yyyy)		Regular	65 or over	Blind	Deaf	Disabled			
		1a. You							1e. Enter the number of boxes checked on lines 1a and 1b		
		1b. Spouse									
1d. List Dependents		1c.		Check box if you can be claimed as a dependent on another person's tax return							
#	First Name	Last Name		Social Security Number		Relationship		Date of Birth		1f. Enter number of dependent children listed on line 1d	
1.											
2.											
3.										1g. Enter number of other dependents listed on line 1d	
4.											
5.											
6.										1h. Total exemptions (Add lines 1e, 1f and 1g; enter here and also on page 1, line 21a)	
7.											
8.											
EXCLUDED WAGES AND TAX WITHHELD SCHEDULE (See instructions. Resident wages generally not excluded)											
W-2 #	Col. A T or S	COLUMN B SOCIAL SECURITY NUMBER (Form W-2, box a)	COLUMN C EMPLOYER'S ID NUMBER (Form W-2, box b)	COLUMN D EXCLUDED WAGES (Attach Excluded Wages Sch)	FAILURE TO ATTACH W-2 FORMS TO PAGE 1 WILL DELAY PROCESSING OF RETURN. WAGE INFORMATION STATEMENTS PRINTED FROM TAX PREPARATION SOFTWARE ARE NOT ACCEPTABLE.		COLUMN E LANSING TAX WITHHELD (Form W-2, box 19)	COLUMN F LOCALITY NAME (Form W-2, box 20)			
1.				.00			.00				
2.				.00			.00				
3.				.00			.00				
4.				.00			.00				
5.				.00			.00				
6.				.00			.00				
7.				.00			.00				
8.				.00			.00				
9.				.00			.00				
10.				.00			.00				
11. Totals (Enter here and on page 1; part-yr residents on Sch TC)				.00			<< Enter on pg 1, ln 1, col B		.00	<< Enter on pg 1, ln 24a	
DEDUCTIONS SCHEDULE (See instructions; deductions allocated on the same basis as related income)											
										DEDUCTIONS	
1. IRA deduction (Attach copy of page 1 of federal return & evidence of payment)										1	.00
2. Self-employed SEP, SIMPLE and qualified plans (Attach copy of page 1 of federal return)										2	.00
3. Employee business expenses (See instructions and attach copy of federal Form 2106)										3	.00
4. Moving expenses (Into Lansing area only) (Attach copy of federal Form 3903)										4	.00
5. Alimony paid (DO NOT INCLUDE CHILD SUPPORT. Attach copy of page 1 of federal return)										5	.00
6. Renaissance Zone deduction (Attach Schedule RZ OF 1040)										6	.00
7. Total deductions (Add line 1 through line 6, enter total here and on page 1, line 19)										7	.00
ADDRESS SCHEDULE (Where taxpayer (T), spouse (S) or both (B) resided during year and dates of residency)											
MARK T, S, B	List all residence (domicile) addresses (include city, state & zip code). Start with address used on last year's return. If the address on page 1 of this return is the same as listed on last year's return, print "Same." If no return filed last year, list reason. Continue listing this tax year's residence addresses. If address listed on page 1 of this return is in care of another person, enter current residence (domicile) address.							FROM		TO	
								MONTH	DAY	MONTH	DAY
THIRD PARTY DESIGNEE											
Do you want to allow another person to discuss this return with the Income Tax Office?				Yes, complete the following		No					
Designee's name				Phone No.		Personal identification number (PIN)					
Under the penalty of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief it is true, correct and complete. If prepared by a person other than taxpayer, the preparer's declaration is based on all information of which preparer has any knowledge.											
SIGN HERE ====>	TAXPAYER'S SIGNATURE - If joint return, both spouses must sign			Date (MM/DD/YY)		Taxpayer's occupation		Daytime phone number		If deceased, date of death	
	SPOUSE'S SIGNATURE			Date (MM/DD/YY)		Spouse's occupation				If deceased, date of death	
PREPARER'S SIGNATURE	SIGNATURE OF PREPARER OTHER THAN TAXPAYER					Date (MM/DD/YY)		PTIN, EIN or SSN			
								Preparer's phone no.			
	FIRM'S NAME (or yours if self-employed), ADDRESS AND ZIP CODE							NACTP software number		LNS15	